

(To support vendor's claim for a credit, payment, or refund under section 60502 of the Revenue and Taxation Code)

☐ **New Certificate**☐ **Renewal Certificate**

SELLER'S NAME

SELLER'S ADDRESS (street, city, state, zip code)

SELLER'S FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN)

SELLER'S BOARD OF EQUALIZATION DIESEL FUEL TAX NUMBER

D_____ 57-

The undersigned buyer hereby certifies the following under penalty of perjury. Buyer will use the undyed diesel fuel to which this certificate relates, either (*must check one below*):

☐ On a farm (as defined in the Diesel Fuel Tax Regulation 1431(d)) **and** Buyer is the owner, tenant or operator of the farm on which the fuel will be used.

Type of farming (include information relating to growing or raising)

☐ On a farm (as defined in the Diesel Fuel Tax Regulation 1431(c)) relating to cultivating, raising or harvesting **and** Buyer is **not** the owner, tenant or operator of the farm on which the fuel will be used.

Description of operation (*harvesting, etc.*)

This certificate applies to the following (*check applicable box and complete as necessary*):

Buyer account or order number _____

☐ This is a certificate covering all purchases to be used on a farm for farming purposes.

Effective Date _____ Expiration Date (period not to exceed one year after the effective date) _____

☐ This is a single purchase certificate: Invoice or delivery ticket number _____ Number of gallons purchased _____

☐ This is a certificate for _____% of all purchases to be used on a farm for farming purposes.

Effective Date _____ Expiration Date (period not to exceed one year after the effective date) _____

NOTE: Buyer must provide a new certificate to the seller if any information in this certificate changes, or one year from effective date.

If Buyer uses the diesel fuel to which this certificate relates for a purpose other than stated in the certificate, Buyer will be liable for the state excise tax. California Diesel Fuel Tax is payable immediately upon use to the State of California, Board of Equalization, PO Box 942879, Sacramento, CA 94279-0030.

Buyer understands the fraudulent use of this certificate may subject Buyer and all parties making such fraudulent use of this certificate to a fine or imprisonment, or both, together with the cost of prosecution.

BUYER TYPE OF BUSINESS (check one)

☐ Sole Owner ☐ Husband/Wife Co-Ownership ☐ Registered Domestic Partnership ☐ Partnership ☐ Corporation ☐ Limited Liability Company (LLC)

☐ Other (please specify):

LIST PARTNERS (if partnership)

NAME OF BUYER/OWNER (print or type)

| |
|--------------------------------|
| BUYER/OWNER EMPLOYER ID NUMBER |
|--------------------------------|

DBA

BUYER/OWNER SSN (husband/wife co-ownership, registered domestic partnership or partnerships – list SSN for each partner)

CORPORATION ID (list corporation number issued by Secretary of State)

PHYSICAL ADDRESS OF BUYER/BUSINESS (street, city, state, zip code)

MAILING ADDRESS OF BUYER/BUSINESS (if different from physical address)

BULK DELIVERY ADDRESS (if different than physical address)

TELEPHONE NUMBER OF BUYER/BUSINESS

FAX NUMBER

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To the best of my knowledge all the information on this certificate is accurate until such notice of changes, and is signed under penalty of perjury.
If signature of other than the Buver, I certify I have the authority to bind the Buver.

AUTHORIZED SIGNATURE

DATE _____

PRINT NAME AND TITLE OF PERSON SIGNING